



# Planner

## SELF CARE

# WEEKLY BEAUTY ROUTINE

|           | FACE | BODY | HAIR |
|-----------|------|------|------|
| MONDAY    |      |      |      |
| TUESDAY   |      |      |      |
| WEDNESDAY |      |      |      |
| THURSDAY  |      |      |      |
| FRIDAY    |      |      |      |
| SATURDAY  |      |      |      |
| SUNDAY    |      |      |      |

# SKINCARE ROUTINE

Once a week

|  |
|--|
|  |
|--|

Twice a week

|  |
|--|
|  |
|--|

Three times a week

|  |
|--|
|  |
|--|

Four times a week

|  |
|--|
|  |
|--|

Five times a week

|  |
|--|
|  |
|--|

# SKINCARE HABIT TRACKER

MONTH: \_\_\_\_\_

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

|        |  |       |    |    |    |    |    |    |    |         |    |    |    |    |    |    |    |
|--------|--|-------|----|----|----|----|----|----|----|---------|----|----|----|----|----|----|----|
| Habit: |  | 1     | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9       | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|        |  | 17    | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25      | 26 | 27 | 28 | 29 | 30 | 31 |    |
| Goal:  |  | Done: |    |    |    |    |    |    |    | Reward: |    |    |    |    |    |    |    |

# SKINCARE APPOINTMENTS

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

# SKINCARE GOALS

| Current Situation | Solutions |
|-------------------|-----------|
|                   |           |

| Goals | Notes |
|-------|-------|
|       |       |

# SKIN JOURNEY

MONTH:

| Skin Evolution | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------|---|---|---|---|---|---|---|---|---|----|
|----------------|---|---|---|---|---|---|---|---|---|----|

DRY   OILY  

| HOW I FEEL ABOUT MY SKIN | HOW I WOULD LIKE MY SKIN TO BE |
|--------------------------|--------------------------------|
|                          | SOLUTIONS                      |

# MY FAVORITE PRODUCTS

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |



# SKINCARE WISHLIST

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

# SKINCARE TRACKER

# PRODUCT REVIEWS

|               |             |       |
|---------------|-------------|-------|
| Product Brand | Date Bought | Price |
|---------------|-------------|-------|

Opinion

Similar Products

BUY AGAIN

YES 

NO 

RECOMMEND

YES 

NO 

Opinion

Similar Products

BUY AGAIN

YES 

NO 

RECOMMEND

YES 

NO 

Opinion

Similar Products

BUY AGAIN

YES 

NO 

RECOMMEND

YES 

NO 

# MAKE UP APPOINTMENTS

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

# MAKE UP WISHLIST

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

# MAKE UP PRODUCTS

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

# DIY BEAUTY PRODUCT

PRODUCT: \_\_\_\_\_

| Ingredients | Instructions                                                                          |
|-------------|---------------------------------------------------------------------------------------|
|             |                                                                                       |
| How to Use  | Benefits                                                                              |
|             |  |

# BEAUTY FACE MASK

|              |  |           |  |  |           |
|--------------|--|-----------|--|--|-----------|
| Mask:        |  | Benefits: |  |  |           |
| Source:      |  |           |  |  |           |
| Apply:       |  |           |  |  | Leave On: |
| Week:        |  |           |  |  | Min:      |
| Ingredients: |  |           |  |  |           |
|              |  |           |  |  |           |

|              |  |           |  |  |           |
|--------------|--|-----------|--|--|-----------|
| Mask:        |  | Benefits: |  |  |           |
| Source:      |  |           |  |  |           |
| Apply:       |  |           |  |  | Leave On: |
| Week:        |  |           |  |  | Min:      |
| Ingredients: |  |           |  |  |           |
|              |  |           |  |  |           |

|              |  |           |  |  |           |
|--------------|--|-----------|--|--|-----------|
| Mask:        |  | Benefits: |  |  |           |
| Source:      |  |           |  |  |           |
| Apply:       |  |           |  |  | Leave On: |
| Week:        |  |           |  |  | Min:      |
| Ingredients: |  |           |  |  |           |
|              |  |           |  |  |           |



# HAIR CARE APPOINTMENTS

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

| Appointment | Place | Aprox. time             | Cost          |
|-------------|-------|-------------------------|---------------|
|             | Date: | Beauty<br>Professional: | Phone number: |
|             | Time: |                         | Website:      |

# HAIR CARE ROUTINES

Once a week

|  |
|--|
|  |
|--|

Twice a week

|  |
|--|
|  |
|--|

Three times a week

|  |
|--|
|  |
|--|

Four times a week

|  |
|--|
|  |
|--|

Five times a week

|  |
|--|
|  |
|--|

# HAIR CARE GOALS

| Current Situation | Solutions |
|-------------------|-----------|
|                   |           |

| Goals | Notes |
|-------|-------|
|       |       |

# HAIR CARE TRACKER

Month Week

[illegible][illegible][illegible]

# HAIR CARE PRODUCTS

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

## PRODUCTS TO TRY

[illegible]

# BODY CARE WISHLIST

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

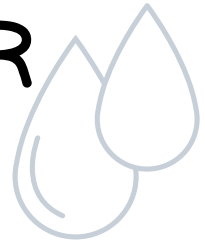
|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

|        |  |       |
|--------|--|-------|
| ITEM:  |  | PRICE |
| BRAND: |  |       |

# WATER TRACKER

A large outline of a water bottle. The bottle has a handle at the top. The body of the bottle is divided into 12 horizontal sections by dashed lines. Each section is numbered from 1 to 12, starting from the bottom and going up. The top section is the narrowest, and the bottom section is the widest.

| 12 |
|----|
|    |
| 11 |
|    |
| 10 |
|    |
| 9  |
|    |
| 8  |
|    |
| 7  |
|    |
| 6  |
|    |
| 5  |
|    |
| 4  |
|    |
| 3  |
|    |
| 2  |
|    |
| 1  |
|    |



# SLEEP TRACKER

|    | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1  |     |     |     |     |     |     |     |     |     |     |     |     |
| 2  |     |     |     |     |     |     |     |     |     |     |     |     |
| 3  |     |     |     |     |     |     |     |     |     |     |     |     |
| 4  |     |     |     |     |     |     |     |     |     |     |     |     |
| 5  |     |     |     |     |     |     |     |     |     |     |     |     |
| 6  |     |     |     |     |     |     |     |     |     |     |     |     |
| 7  |     |     |     |     |     |     |     |     |     |     |     |     |
| 8  |     |     |     |     |     |     |     |     |     |     |     |     |
| 9  |     |     |     |     |     |     |     |     |     |     |     |     |
| 10 |     |     |     |     |     |     |     |     |     |     |     |     |
| 11 |     |     |     |     |     |     |     |     |     |     |     |     |
| 12 |     |     |     |     |     |     |     |     |     |     |     |     |
| 13 |     |     |     |     |     |     |     |     |     |     |     |     |
| 14 |     |     |     |     |     |     |     |     |     |     |     |     |
| 15 |     |     |     |     |     |     |     |     |     |     |     |     |
| 16 |     |     |     |     |     |     |     |     |     |     |     |     |
| 17 |     |     |     |     |     |     |     |     |     |     |     |     |
| 18 |     |     |     |     |     |     |     |     |     |     |     |     |
| 19 |     |     |     |     |     |     |     |     |     |     |     |     |
| 20 |     |     |     |     |     |     |     |     |     |     |     |     |
| 21 |     |     |     |     |     |     |     |     |     |     |     |     |
| 22 |     |     |     |     |     |     |     |     |     |     |     |     |
| 23 |     |     |     |     |     |     |     |     |     |     |     |     |
| 24 |     |     |     |     |     |     |     |     |     |     |     |     |
| 25 |     |     |     |     |     |     |     |     |     |     |     |     |
| 26 |     |     |     |     |     |     |     |     |     |     |     |     |
| 27 |     |     |     |     |     |     |     |     |     |     |     |     |
| 28 |     |     |     |     |     |     |     |     |     |     |     |     |
| 29 |     |     |     |     |     |     |     |     |     |     |     |     |
| 30 |     |     |     |     |     |     |     |     |     |     |     |     |
| 31 |     |     |     |     |     |     |     |     |     |     |     |     |

☐

Peacefull

☐

Dream

☐

Restless

☐

Passed Out

☐

No Sleep

*Notes*



# PERIOD TRACKER

MONTH \_\_\_\_\_

KEY:  HEAVY  NORMAL  LIGHT  SPOTTING

JANUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

FEBRUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

MARCH

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

APRIL

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

MAY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

JUNE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

JULY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

AUGUST

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

SEPTEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

OCTOBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

NOVEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

DECEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 38 29 30 31

# BODY CARE PRODUCTS

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

|        |  |                  |  |       |
|--------|--|------------------|--|-------|
| Item:  |  | Purchase Date:   |  | PRICE |
| Brand: |  | Expiration Date: |  |       |

# PRODUCT REVIEWS

|                                      |                     |
|--------------------------------------|---------------------|
| PRODUCT / BRAND                      | PRICE & DATE BOUGHT |
|                                      |                     |
| INGREDIENTS                          | REVIEW              |
|                                      |                     |
| RECOMMENDATIONS: BUY AGAIN? YES / NO |                     |

|                                      |                     |
|--------------------------------------|---------------------|
| PRODUCT / BRAND                      | PRICE & DATE BOUGHT |
|                                      |                     |
| INGREDIENTS                          | REVIEW              |
|                                      |                     |
| RECOMMENDATIONS: BUY AGAIN? YES / NO |                     |

|                                      |                     |
|--------------------------------------|---------------------|
| PRODUCT / BRAND                      | PRICE & DATE BOUGHT |
|                                      |                     |
| INGREDIENTS                          | REVIEW              |
|                                      |                     |
| RECOMMENDATIONS: BUY AGAIN? YES / NO |                     |

## TOP PRODUCTS

| NOTES | TOP FACE CREAMS                    |
|-------|------------------------------------|
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |

| NOTES | TOP FACE CREAMS                    |
|-------|------------------------------------|
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |

| NOTES | TOP FACE CREAMS                    |
|-------|------------------------------------|
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |
|       | <div><div>★</div><div></div></div> |

# BEAUTY CARE CONTACT LIST

|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

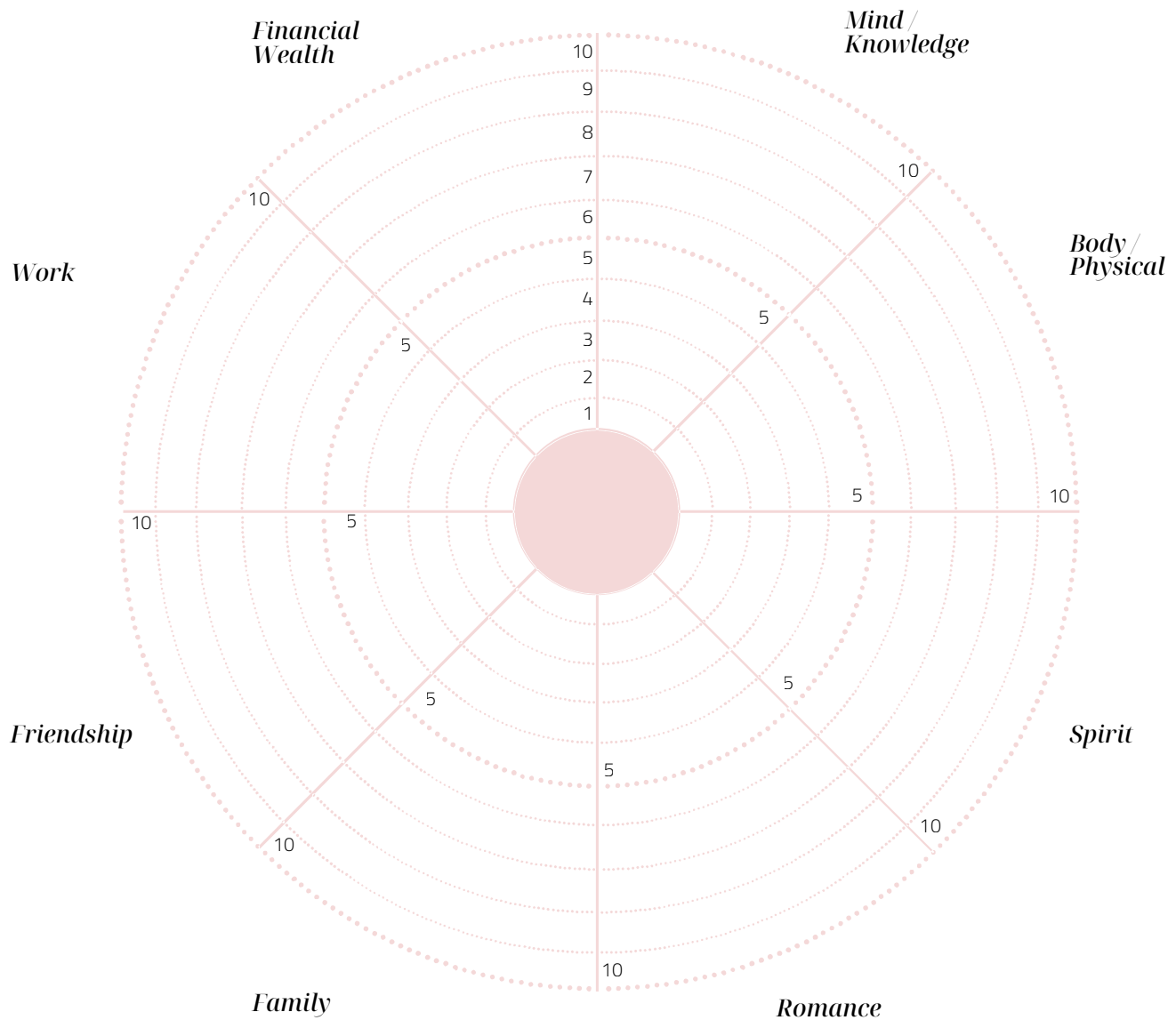
|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

|         |  |         |  |
|---------|--|---------|--|
| NAME    |  | COMPANY |  |
| EMAIL   |  | PHONE   |  |
| ADDRESS |  |         |  |
| NOTES   |  |         |  |

# LIFE BALANCE

MONTH \_\_\_\_\_



NOTES

# SELF CARE PLAN

## GOALS FOR MY MIND AND SOUL



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## GOALS FOR MY BODY



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## GOOD RULES AND HABITS I WANT TO LIVE BY



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## NOTES



# BODY, MIND, SOUL

[illegible][illegible][illegible]

# SOUL STUFF

LETTER

MY BEST FRIENDS ARE

MY FAVOURITE SONGS

MY FAVOURITE TV SHOW

MY FAVOURITE BOOK

MY FEARS

# BUCKET LIST

## BUCKET LIST FOR

# DAILY JOURNAL

| TODAY'S FOCUS | HOURS SLEPT |
|---------------|-------------|
|               |             |

| TO DO                                           | MY SCHEDULE |
|-------------------------------------------------|-------------|
| <div><div>♥</div><div>♥</div><div>♥</div></div> |             |
| SELF CARE CHECKLIST                             |             |
| <div><div>♥</div><div>♥</div><div>♥</div></div> |             |

| MEAL PLAN           |
|---------------------|
| BREAKFAST _____     |
| LUNCH _____         |
| DINNER _____        |
| SNACK/DESSERT _____ |

| MY NOTES AND THOUGHTS |
|-----------------------|
|                       |



# WEEKLY JOURNAL

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

GOAL

1

2

3

TO DO LIST

NOTES

# MEDITATION

## MY MEDITATION GOAL

1

2

3

DATE

MY MEDITATION EXERCISE

TOTAL TIME



# AFFIRMATIONS

In this part you'll write down positive affirmations that will have a positive impact on the aspects of your life you're trying to improve. A few important points: First, always write your affirmations in present tense using "I " pronoun. Second, use affirmative & positive words (avoid can't, won't, will not etc). For example "I'm full on energy and always take action", instead of "I'm not lazy". Third, it's important to build a habit of using these affirmations when you're doing the opposite of what you know you should be doing.

## Relationships

ex. "I'm loving and giving in my relationships". "I'm in control of the people I let in my life"

## Finance

ex. "I'm capable of creating my dream financial life through hard work and dedication"

## Career

ex. "I'm always striving to develop myself professionally"

## Health/Fitness

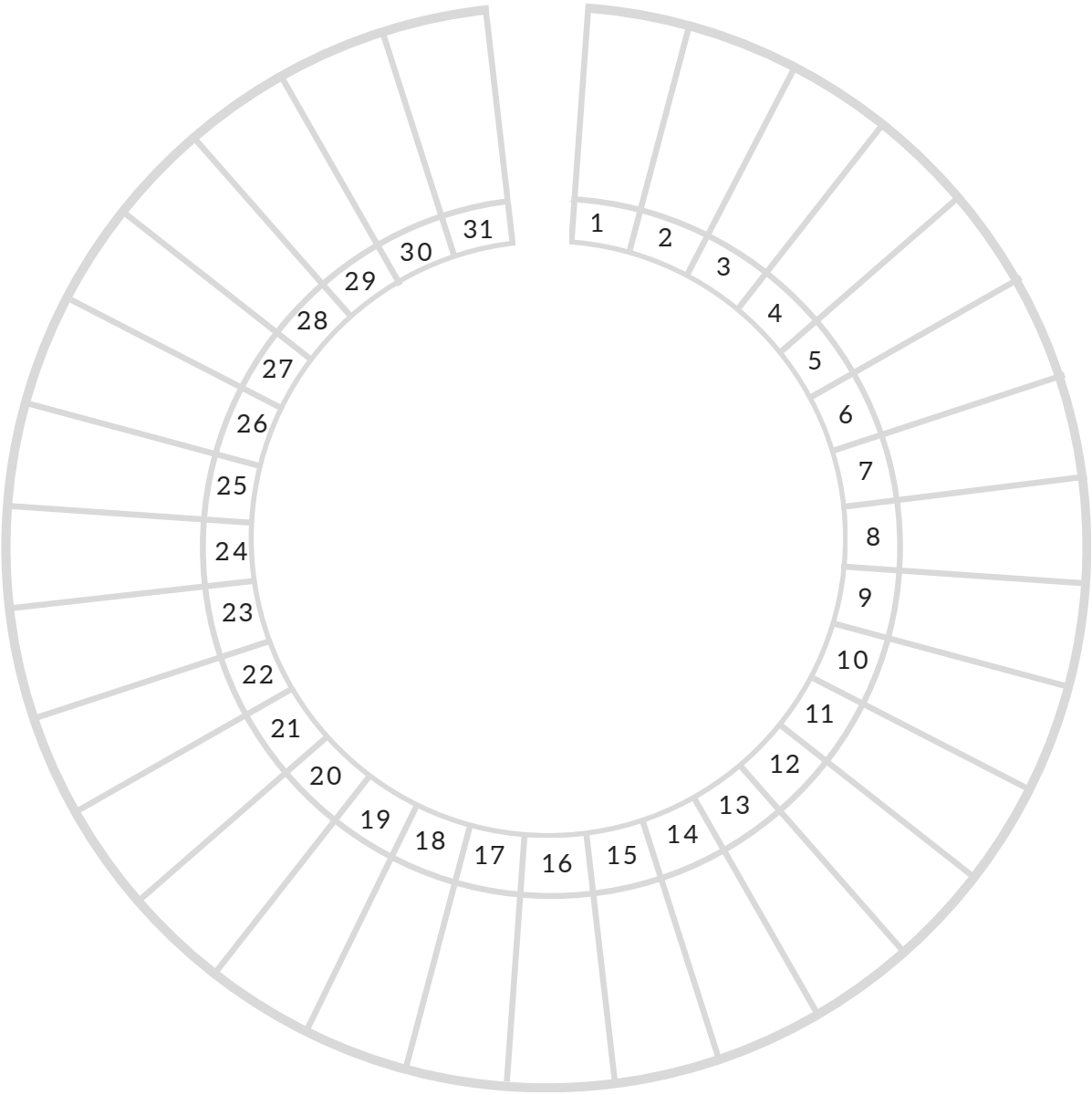
ex. "I'm in control of my physical fitness"

## Love

ex. "I have people who love me"

# MOOD TRACKER

MONTH \_\_\_\_\_



|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| NEUTRAL              | TIRED                | STRESSED             |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| GRUMPY               | SICK                 | SAD                  |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RELAXED              | HAPPY                | ANGRY                |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



# YEAR IN COLOR

[illegible]

# KINDNESS TRACKER

MONTH \_\_\_\_\_

A circular kindness tracker grid. The grid is divided into 31 numbered segments, arranged in a semi-circle. The segments are numbered 1 through 31, starting from the top left and moving clockwise. Each segment is a wedge-shaped area that tapers towards the center. The segments are separated by thin gray lines. The entire grid is enclosed in a rectangular border.

# YOGA LOG

TODAY'S DATE

MUSIC

| POSITION/S | TIME | DONE                  |
|------------|------|-----------------------|
|            |      | <input type="radio"/> |
|            |      | <input type="radio"/> |
|            |      | <input type="radio"/> |
|            |      | <input type="radio"/> |
|            |      | <input type="radio"/> |
|            |      | <input type="radio"/> |

GOAL/S FOR TODAY'S YOGA SESSION

|  |
|--|
|  |
|--|

# SELF CARE CALENDAR

# MY RESOURCES

| Books | Author |
|-------|--------|
|       |        |

| Podcasts | Topic |
|----------|-------|
|          |       |

| Motivation Speakers | Topic |
|---------------------|-------|
|                     |       |

| Websites | Topic |
|----------|-------|
|          |       |

# FEEL GOOD TRACKER

GOALS:

MONTH \_\_\_\_\_

# WATER

## FRESH AIR

## MOVEMENT

## QUIET TIME

FRUITS

## VEGGIES

[illegible][illegible][illegible][illegible]

# ROUTINE TRACKER

DATE \_\_\_\_\_

MORNING

| M                        | T                        | W                        | T                        | F                        | S                        | S                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FROM \_\_\_\_\_  
TO \_\_\_\_\_

AFTER  
NOON

| M                        | T                        | W                        | T                        | F                        | S                        | S                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FROM \_\_\_\_\_  
TO \_\_\_\_\_

EVENING

| M                        | T                        | W                        | T                        | F                        | S                        | S                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FROM \_\_\_\_\_  
TO \_\_\_\_\_

# MEDICATION TRACKER

|               |             |
|---------------|-------------|
| Description   | Dosage      |
| I take it for | Start Dates |

[illegible]



# VITAMINS & MEDICATIONS

|             |  |
|-------------|--|
| MEDICATION: |  |
| FREQUENCY:  |  |
| DOSE:       |  |
| TIME:       |  |
| DATE:       |  |

[illegible]

|             |  |
|-------------|--|
| MEDICATION: |  |
| FREQUENCY:  |  |
| DOSE:       |  |
| TIME:       |  |
| DATE:       |  |

[illegible]

# NOTES

# DOODLE PAGE

